



APPLICATION FOR FINANCIAL HARDSHIP

I,.....of.....

.....

Water Account Number:

Apply for hardship relief on the following grounds:

.....

.....

.....

.....

2. How long have you been in hardship:.....

3. Do you receive any pensions or benefits: Yes No

4. Is this property your principal place of residence? Yes No

5. Do you rent the property? Yes No

6. How many people live at the property?

Self Spouse / Defacto Others (Specify)

Relatives Children (please note ages):

7. Do you own or have an interest in any other land or buildings? Yes No

If "Yes", state address:

8. Proposed Payment Arrangement:

Amount: \$..... Weekly Fortnightly Monthly

I declare that the information provided in this application is true and correct:

Signature: Date:.....

PRIVACY:

Information contained in this application will be treated as private and confidential, used only for the purpose of assessing eligibility under the Hardship Policy.